Mr & Mrs M Sharif

Orchard Views Residential Home

Inspection report

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Barnsley
South Yorkshire
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Date of inspection visit:
03 June 2016
06 June 2016

Date of publication:
04 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 and 6 June 2016 and was unannounced. This meant prior to the inspection people were not aware we were inspecting the service on those days.

Orchard Views is a purpose built care home registered to provide personal care and accommodation for up to 40 older people. On the day of our inspection there were 31 people living in the home.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection at Orchard Views took place on 8 August 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

People who used the service were happy and content. They told us they felt safe living at the home and that the care they received was good.

The environment at Orchard Views was very tired and worn. Refurbishment work was required to make the home more comfortable. Most areas of the home were clean and tidy. We found sluice rooms, some toilets and bathrooms were in need of cleaning and hand washing supplies were not in place. You can see what action we told the provider to take at the back of the full version of the report.

Staff were trained to give people their medicines in a safe way. Medicines were administered, stored and recorded as per recommended guidelines.

Risks to people had been identified and staff were aware of these and what needed to be done to help keep people safe.

The provider had a recruitment procedure which helped to keep people safe because necessary checks were completed before staff were allowed to work in the home.

Staff were aware of their responsibilities in keeping people safe and had received safeguarding adults training.

The registered manager provided training, supervision and appraisals to staff in a positive way which helped to improve their skills and knowledge.

Staff were caring and communicated well with people. People had been given the opportunity to talk about their wishes at the end of their life.

Some toilets had locks which did not work and a shower room was not fitted with a lock. This meant people's privacy and dignity was not protected. You can see what action we told the provider to take at the back of the full version of the report.

People had care plans which had been written taking into consideration their personal choices and preferences. Where appropriate relatives, friends and healthcare professionals had been involved in compiling care plans.

A planned programme of social activities was not in place although staff did spend time with people chatting and socialising. An activity worker had been recruited and was due to start at the home within the next few weeks.

There were systems in place to check people's needs were being met.

The registered manager was well respected by people who used the service, relatives, staff and healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Improvements were required to make the service safe.

There were shortfalls in infection control practices which could place people at risk.

Staff understood their role in safeguarding the people they supported and had received training in safeguarding which helped to ensure people were protected from the risk of abuse.

Medicines were managed safely.

Procedures for recruiting staff were thorough which helped to make sure people employed were suitable.

Is the service effective?

Requires Improvement

Improvements were required to make the service effective.

There was a lack of refurbishment within the home which did not support people's quality of life and promote their well being.

Staff had been trained to understand the Mental Capacity Act and Deprivation of Liberty Safeguards.

People told us the quality of food and meals was very good and took into consideration their personal likes and dislikes.

Is the service caring?

Requires Improvement

Improvements were required to make the service caring.

Maintenance work to the environment needed to be completed to ensure people's privacy and dignity was maintained.

Care and treatment was planned and delivered in a way that was intended to promote people's welfare.

Staff were trained in caring for people at the end of their life.

Is the service responsive?

Good

The service was responsive.

Relatives and friends were actively involved in making decisions about their family member.

People knew how to make a complaint if they were unhappy.

Is the service well-led?

Good

The service was well led.

The registered manager was well liked by people who used the service, relatives and staff.

Quality assurance systems were in place which helped to improve the service.

Meetings were held where people could air their views and make suggestions.

Orchard Views Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 6 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

In order to understand what peoples experience was of living in the home we carried out two SOFI's in different areas of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us. During the visit we spoke with seven people who used the service, eight relatives, the registered manager, four care workers and the cook. We also looked at four care plans, four staff files and records associated with the monitoring of the service.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from a Mental Capacity Act advisor working for the local authority, an Independent Mental Capacity Act Advocate (IMCA) a health and wellbeing provider, a chiropodist, three social workers and a pharmacist.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us, "I'm quite content," "It's nice and warm" "It's not rowdy and noisy here, just pleasant" and "I couldn't be anywhere better. I'm safe and sound."

Relatives feedback about the safety of the service was positive and they felt staff did what was necessary to maintain and promote their family member's safety. One friend of a person who used the service said, "[Name] is safe here because staff are marvellous and do all that's necessary to keep people safe."

On the first day of our inspection we carried out a check of the environment. We found a number of concerns regarding the control and prevention of infection. Sluice rooms were odorous because in one sluice room the sink was blocked and in another used continence products had been left. This unpleasant odour perminated onto the corridors and into communal areas. The walls in sluice rooms were in need of painting and the floors were dirty. In the medical room a leak had caused the paint to peel from the walls. In a shower room the light pull cord was dirty and wires had been left dangling from the ceiling. We saw bins in three toilets that didn't have lids fitted and one toilet had no toilet roll, soap or hand towels. In one bathroom the bath panel was not in place and there was a bowl with nail brushes in which we were concerned had been used by more than one person.

This is a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Safety and Suitability of Premises because people who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and standards of hygiene.

On the second day of our inspection the registered manager had worked over the weekend to rectify the majority of the concerns raised regarding infection control. The sluice rooms had been thoroughly cleaned, bins had been replaced and cleaning supplies had been put in toilets. Further work that was required had been added to the action plan of improvements for the environment which needed to be agreed with the provider.

Staff had a good understanding and awareness of their role in helping to keep people safe. They had completed training in adult safeguarding procedures and said they were able to report any concerns they may have to the registered manager. Staff spoken with had an awareness and were able to recognise potential signs of abuse. Any safeguarding concerns had been reported to the appropriate people, as per the agreed South Yorkshire safeguarding protocols.

The registered manager had a system in place to record and monitor any accidents and incidents taking place. Each month the circumstances of the accident/incident and the level of harm suffered by the person was analysed so that action could be taken to prevent a re-occurrence. For example one person had a new mobility aid provided and for another person a review of their medicines was undertaken.

Each person had individual risk assessments, which had been compiled either on admission to the home or when a potential risk had been identified. For example one person who used oxygen to assist with their

breathing had a risk assessment detailing the action required by staff to keep the person and others in the home safe whilst the oxygen was in use.

The provider had policies in place regarding safeguarding and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. One staff said, "I can go to the registered manager with anything and she'll deal with it."

On the day of the inspection there were 31 people living in the home. There was the registered manager, a senior care worker, four care workers, a cook, a kitchen assistant, a domestic assistant and laundry worker. Staff told us there was "usually" this number of staff working and if staff were on holiday or sick others were called in to cover. The registered manager was knowledgeable about the dependency needs of people and said she kept a "close eye" on this so that staff numbers could be increased as necessary. Our observations were that staff were very well organised and people were seen receiving care and support as and when requested. When the call alarm was triggered we saw staff responded promptly. One friend of a person who used the service told us, "There's always plenty of staff around."

Senior care workers were responsible for medicine administration. All seniors were trained in medicines management and had recently had their training updated by the pharmacist. Staff trained in medicine administration also had their competency checked by the registered manager each year.

We observed the senior care worker administer medicines during the morning. Medicines were administered from a trolley, put into a medicine pot and taken to each person. People were offered a drink and the senior care worker sat with them until they were sure the medicine had been taken. The senior then signed the Medication Administration Record (MAR) to confirm as given. We looked at the MAR and found all medicines had been signed for or a code used to explain why the medicine was not given. One person told us, "I used to take my own medicines but staff noticed I kept forgetting to take them so we agreed they would give them to me. It's much better now as I get them on time and they never run out."

A small number of people took Controlled Drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. These were kept in a CD cabinet and recorded in a CD register. We checked the CD's given to two people. Each medicine had been signed as given by two staff and recorded the date and time of administration. A running tally was kept of each medicine which was checked and correct. The visiting pharmacist told us, "I am not aware of any issues with the home. We find them very easy to deal with and they seem very organised with ordering their medication. Whenever I have visited the home people seem to be very comfortable and happy."

We spoke with two staff about their recruitment. They told us they had completed an application form which had included giving details about their previous employment, providing two references, giving copies of ID and completing a DBS check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. Staff said they had been invited in for an interview and had not been allowed to start work until their DBS was completed.

The provider did not have a policy or procedure in place regarding the renewal of DBS checks. This meant staff who had worked at the home for many years had DBS checks that were completed up to 12 years ago. We spoke with the registered manager about this and they said they would speak with the provider and introduce a policy/procedure for the renewal of DBS checks.

We checked four staff files. In one person's file (employed since 2004) we found there were no references. The registered manager said this person was employed prior to her starting at the home and they weren't aware the person had no references on file. The registered manager immediately checked all other staff files and found one more person (employed since 1999) who only had one reference on file. The registered manager said both staff were valuable members of the team who they had never had any concerns about. They completed a risk assessment detailing this and placed this on their files. All other staff had two references on their files, of which one was from their last employer.

A fire risk assessment was completed on 6 May 2014. We saw the South Yorkshire fire and rescue service had visited the home on 15 April 2016 and had agreed that the risk assessment should not be updated until after work on the roof was completed. This was because the risk assessment would need to be changed to incorporate the new additional roof space. Other actions they had recommended were heat detectors to be fitted in sluice rooms and a self closure door on the smoking room. Some of this work had already been completed and the fire service were due to re-visit the home on 5 July 2016 to check all their recommendations had been actioned.

We saw records that showed the fire alarm system and emergency lighting was checked each week and any faults were remedied. A fire drill was conducted on 13 April 2016 and it was reported that "staff acted accordingly and followed procedures calmly and effectively."

The service kept in safe keeping a small amount of money for 15 people. Family members and friends who had power of attorney brought money to the registered manager for people to use as they wished. We checked the financial records for three people. The date, incoming, outgoing and balance was recorded and then signed by the registered manager and another member of staff. Where possible the person who used the service also signed. Receipts were kept for all purchases and the money in the safe tallied with what was recorded. The registered manager said the provider's representative visited the home unannounced each year to carry out an audit of finances and they had never found any concerns.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us, "It's always clean and tidy but we're looking forward to the new carpets and furniture that are going to be fitted," "The building's far from pretty but the care makes up for it" and "Even though the building is in need of upgrading I wouldn't move."

Relatives told us, "The building is run down and [relatives] room is tired looking, but because the care is so good we wouldn't move them" and " The building is in need of repair, the roof has taken forever, it's a very slow process. Other homes are much better looking but the staff are the best."

One healthcare professional told us, "My only concern here is the environment, it's foul, there's lots of work needed to bring it up to spec."

The home was a single storey dwelling, which was spacious and easily accessible to people. We walked around all areas of the home and found it was in need of refurbishment and redecoration. Carpets in communal areas were worn and stained and due to their age, in certain areas, were also causing an unpleasant odour. The majority of doors were marked and scratched. Paint was flaking from walls on corridors and in sluice rooms. Chairs in lounges were worn and seat cushions had been flattened due to their age and usage. Bedroom furniture was scratched and dated. In one bedroom the curtains were hanging from the rail and there was no shade on the bedside light. One 'new' bedroom door which had been fitted several months ago was not painted. This meant that overall the environment was unappealing, unhomely and unwelcoming.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. All premises and equipment must be kept clean and properly maintained.

Prior to our inspection we were contacted by Barnsley local authority contracts team. They had been to the home and found the environment to be in a poor state of repair. They told us they had made arrangements to meet with the provider and registered manager to compile an action plan for improvements to be made.

Since the last inspection extensive work had been carried out fitting a new roof to the building. This was due to be completed by the end of June 2016. The registered manager showed us confirmation of work that was to be started as soon as the roof was completed. This work included new carpets in all communal areas, door protectors/new doors fitted throughout the home and new fabrics and furnishings for the conservatory. The registered manager said refurbishment of bedrooms would then follow at four per month.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

One person who used the service had a DoL'S authorisation in place. This was because the person had no capacity and could not consent to the care being provided to them due to their dementia. The DoL'S had been authorised for 12 months and was due to be reviewed in August 2016. The person was represented by an Independent Mental Capacity Advocate (IMCA) who visited the person every six weeks and looked at their care plan, talked with the person and staff and reviewed their care. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options.

The registered manager had also applied for DoL'S to be authorised for another six people. The local authority had contacted the registered manager to explain there was a delay on authorisations but they would assess these over the next few months. The registered manager said any urgent authorisations they had requested had been prioritised and put in place quickly.

Staff spoken with were aware of the MCA and DoL'S and had received training from Barnsley local authority.

We looked at the staff training matrix which showed staff were attending a rolling programme of training. Staff had completed training in all mandatory subjects such as, fire safety, moving and handling, food hygiene and medicines management. Additional training had been provided by visiting healthcare professionals in such things as, dental hygiene, catheter care and pressure care. Staff told us they were currently completing a distance learning course in care planning.

All new staff were signed up to complete the Care Certificate as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They were also rostered to work alongside other more experienced staff until they felt confident to work alone. One staff told us, "I found this really useful."

The provider's supervision policy stated staff would be provided with supervision at least six times per year. One supervision could be a group supervision and another their appraisal. The other four were formal one to one sessions with either the registered manager or the senior care worker who acted up as manager when the registered manager was on leave . We looked at four staff files and saw they had been provided with supervision as per the policy. We also saw staff appraisals were completed each year. One member of staff said, "The supervisions are good and I can talk to the manager any time, I only need to ask."

People told us, "The meals are excellent and all home cooked," "I'm trying to lose weight and I'm diabetic, so they give me smaller portions and make desserts that are ok for me to have," "I've normally got a poor appetite but the food here is so good I'm eating better than ever," "Staff will make you a drink anytime" and "I'm so looking forward to fish and chips for lunch."

Relatives told us, "The food is really good. They invited me to stay for lunch the other day and I thoroughly enjoyed it. There was so much to choose from" and "[Name] eats everything and when they ask for more they get more, even porridge in the night when they fancy it."

We observed breakfast and lunch being served in the main dining room. The tables were set with decorative runners, table mats, crockery and cutlery. Condiments, milk jugs, sugar pots and tea pots were on tables so that people were able to serve themselves. People were sat enjoying their meals with their friends and

exchanging pleasant conversation. The day's menu was on display and people were asked what their preferred choice for the meal was.

At lunchtime there were two sittings. The first sitting was for people who needed assistance to eat. There were six people and at least three staff throughout the meal which meant people were given assistance as necessary. Staff sat at the side of people and talked to them whilst helping and encouraging them to eat. One person who didn't need assistance decided they wanted to eat at the same time as their friend and this wasn't a problem, the cook went and got them their meal and served it to them. One member of staff said, "This system [two sittings] works really well. We have time to make sure people eat well and are given the time to eat safely."

The cook was aware of people's likes and dislikes and told us they were providing special diets for people due to their personal preferences or health conditions. We saw there was a good stock of food available in the kitchens and that people were given appropriate portion sizes.

During the morning and afternoon drinks were available for people and their visitors. During the morning a selection of cakes and biscuits were offered and in the afternoon staff were seen encouraging people to eat fresh fruit.

Requires Improvement

Is the service caring?

Our findings

Whilst undertaking a check of the building we found a number of locks fitted to toilet doors did not work. We also found one toilet door which did not close properly and a shower room which did not have a lock fitted. This meant the environment did not promote and protect people's privacy and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Service users must be treated with dignity and respect.

People who used the service told us Orchard Views was a good place to live. Their comments included, "It's very nice here," "Staff are kind and always listen to you," "They [staff] are beautiful inside and out. Nothing is to much trouble," "I'm happy. I know I am, I'm sure I am" and "We're really well looked after and I'm very content."

Relatives told us, "The care here is second to none. There isn't one person who isn't good," "They [staff] hug and kiss [relative] and make them feel very special" and "When we got here today [name] looked amazing, ten years younger. The care is so good we wouldn't move them anywhere else."

A healthcare professional who had visited the service just prior to our inspection told us, "The people and visitors we spoke with on our visit spoke very highly about the care they received at the home and said they had no concerns." Another healthcare professional told us, "Over the last year I have attended four or five times and whilst there have spoken to a number of residents and family who were all happy with the care that is being provided. The staff and Manager of the home are always very approachable and appear to have a good understanding and relationship with the residents. There has been some disruption to the home while building work has been undertaken but this seems to have had minimal impact on the residents."

During our observations we saw people were treated with kindness and respect. Staff understood people well and provided care and support in a way that respected their privacy and dignity. Personal care was provided to people behind closed doors and where necessary curtains were closed. Staff spoke with people about their personal needs quietly so their dignity was not compromised.

Relatives told us they were able to visit their family member at any time and staff always welcomed them. One relative told us, "I live along way from here but the staff are very good at ringing me to keep me up to date with how [name] is. They let me know of any changes or just ring to tell me what they've been up to."

Information about how people could access advocacy services were seen on display in the home. One person told us staff had given them information which had helped them to make decisions about their future and the possibility of returning to their home.

The registered manager had a Level 5 qualification in End of Life (EOL) care. A staff member was the EOL champion and attended workshops and training with the local authority to enhance their knowledge in caring for people at the end of their life. The staff member also worked days and nights so they could pass on their learning to other members of the staff team. All other care workers had completed training in EOL

oral hygiene and EOL care planning and some staff were undertaking a EOL distance learning course.

Some people had chosen to complete a Preferred Priorities of Care (PPC) document which gave details about their personal preferences during the last stages of their life and we saw these in people's care plans. We also saw some people, with support from their relatives and their GP had been involved in discussions about resuscitation. People's wishes had been recorded on Do Not Attempt Resuscitation (DNAR) forms which were also kept in their care plans. One friend of a person who used the service told us, "[Name] has made their wishes known regarding EOL care. They have talked with staff and the GP and it's recorded so everyone is aware. That is very comforting to them."

Good

Is the service responsive?

Our findings

People who used the service told us, "Staff are really good at listening to me when I need to sort things out," "If you've got any problems staff take time to sort them out" and " Staff help me into and out of bed when I request. I just need to ask them, there's no waiting around, they get it done."

A visiting healthcare professional told us, "This is one of the best homes I go to. The staff support people to come and see me and call me in if there are any issues with people's foot care."

Once every month the provider bought in a health and wellbeing activity provider. They told us, "The home is good, friendly staff, good set of residents who are friendly and always join in our classes and seem happy with the care provided. Drinks are always handed to people when needed especially in warmer weather. The registered manager is very good and always pays us on time. They understand the importance of keeping people active physically and mentally. They also ask us about days out for the residents."

The registered manager told us she had recently recruited a new activity worker. The person was due to start as soon as final recruitment checks had been completed. There had been no activity worker at the home for a number of weeks so a full programme of activities had not been in place. Staff told us they did provide some activities, usually in the afternoon, but these had to be fitted around their other responsibilities. The registered manager told us new equipment such as, craft materials and floor games had been purchased in readiness for when the activity worker started.

On the day of the inspection we did not see any planned social activities but we did see staff spending time with people in groups and one to one, talking with them, sharing conversation and involving people in discussions and reminiscence. People clearly enjoyed the company of staff and the exchange of friendly banter with staff and each other.

We looked at four care plans. We saw clear information about how people preferred their care and support needs to be met. When people were admitted to the home a 'day to day living assessment' was completed. This initial assessment was used to decide what areas of care were required to meet people's needs. From this individual person centred care plans were written for such things as hygiene, mobility, eating and pressure care. Each area of care detailed what staff needed to do to support the person in maintaining good health and well being. Care plans were reviewed each month and relatives told us they were asked to contribute to the care plans and reviews.

We saw information in care plans that confirmed action had been taken when it was recognised there was a change in people's condition. For example, following a visit from a healthcare professional a person was provided with a pressure relieving mattress and another person had their medicines reviewed.

During our observations we saw people were offered choice. When personal care was provided people were asked which clothes they would like to wear. At mealtimes people were offered choice and their individual preferences were taken into consideration. We saw where it was recorded in care plans that people needed

assistance to eat, this was provided. We also saw where it had been identified people were at risk of developing pressure sores, staff regularly changed their sitting or lying positions to relieve any discomfort.

The provider's complaints policy and procedure was on display in the entrance hall of the home. It provided details of how and who to complain to if anyone had any concerns. The procedure showed how verbal and written complaints would be dealt with and the timescales that people would be provided with the details and outcome of the investigation. Everyone we spoke with said they didn't have any concerns about the care they or their family member received. People also told us they could go to any member of the staff team and talk to them if they had any worries or concerns.

We looked at the complaints log and found there were no outstanding complaints about the service. Any complaints that had been received had been investigated and resolved by the registered manager.

In the entrance hall of the home we saw there were many letters and cards on display, sent by relatives thanking the staff for the care people had received at the home.

Good

Is the service well-led?

Our findings

The service was led by a manager who was registered with CQC. The registered manager was supported in the home by senior care workers, care workers and ancillary staff. The provider and their representatives also paid regular visits to the home to provide support to the registered manager and the team of staff.

People who used the service, relatives and healthcare professionals all spoke highly of the registered manager and said she was a good leader and was always visible around the home. Comments included, "The manager is approachable, available and knowledgeable about my relatives needs" and "I can talk to the manager. They make sure things get done and lead by example."

The registered manager had a system in place to monitor areas of the service. Such things as medicines, care plans, accidents and health and safety were checked regularly. Any issues raised from the audits were completed. For example following an audit of the accident book the registered manager arranged for one person to have a new mobility aid and another person to have their medicines reviewed. The audit also found some accident records had not been fully completed. We saw the registered manager had sent a letter to all staff reminding them of their responsibilities in recording accidents correctly.

The registered manager also carried out 'observation checks' on staff. For example care workers were observed carrying out personal care and assisting with meals. The registered manager completed an observation form and then discussed their findings with the care worker. This was used to identify any issues and also to applaud good practice so that continuous improvement was encouraged.

The provider had policies and procedures relating to all aspects of the service provision. These were reviewed and updated each year. The registered manager had also reviewed and up dated the Statement of Purpose so that it contained the most up to date information about the service.

The registered manager told us they had an open and honest working relationship with the provider. They said the provider visited the home regularly, at least once each week and kept in constant touch. The provider's visits were sometimes unannounced and during out of hours, which meant they had an opportunity to speak with all staff.

We saw evidence that the issues raised in this report regarding upgrading and maintenance work that needed to be completed had been brought to the provider's attention by the registered manager. The provider had responded to the registered manager by providing confirmation of dates when work would be started/completed in certain areas of the home. The provider and registered manager had also attended a meeting with the local authority contracting team to compile an action plan of work to be completed to improve the aesthetics of the home.

The registered manager told us staff meetings were held bi-monthly. Minutes from the last meeting held in April 2016 showed six staff had attended. We saw the minutes from the meeting were placed on the staff notice board so any staff who hadn't attended could read. Staff had also been asked to sign to confirm they

had read the minutes and understood them. Staff told us they found team meetings "useful" but added they were able to go to the registered manager at any time if they needed advice or support.

Relative and resident meetings were held three times per year. The last meeting in February 2016 was attended by seven people and minutes had been recorded about matters discussed. One relative told us, "I don't come to the meetings but I talk with the manager and staff all the time, they know how happy I am with this home."

The registered manager told us quality assurance surveys were sent out to people who used the service, relatives, staff and healthcare professionals throughout the year. Once each year the surveys returned were analysed and a report written summarising what people had said and any actions taken as a result of what people had said.

We saw recently returned surveys and found people were very complementary about the service. Comments included, "It's home from home, "Very satisfied, always clean and tidy," "Lovely cook, everything homemade" and "It will be better when decorated." Staff surveys showed staff felt motivated and respected. Healthcare professionals said, "This is a well run home. The manager is a lovely person and very compassionate towards residents and staff" and " The manager is professional but personable."

The registered manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People who use services were not treated with dignity and respect because locks on toilet doors were not in working order. Regulation 10.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and standards of hygiene. Regulation 15.